



*This material is made available under the terms of the  
Creative Commons Attribution ShareAlike 3.0 License.*

## Unstacking the Deck: Rural Poverty and the Effects on Childhood Development

---

*Rebecca Schreuder, MSW Candidate*

---

### Abstract

*The deck is stacked against children in poor rural communities because the very tools they need to escape their disadvantages are the tools to which they have no access. Poor rural areas, more than poor urban areas, lack resources such as quality education, health care, nutrition education, physical activities, mental health resources, and social enrichment activities. Poor children in rural communities also do not have access to public transportation that could bring them to these necessary resources. More often than not, poor rural children are minorities (over 80 percent), and are nearly invisible to the greater American eye. Stakeholders across the country must realize the multisystemic approaches needed to give a face and voice to the poor rural children of America.*

---

### Introduction

The effects of poverty on childhood development have been studied for many years; therefore there is substantial evidence that poverty, because of the correlation to lack of resources, can seriously inhibit childhood development in many ways. The lack of resources can impede on academic opportunities and successes, access to health care and health education, social enrichment activities, and overall cognitive functioning as a child prepares for adulthood. However, urban poverty has been the basis of the majority of these studies, causing rural poverty to often go unnoticed. Because rural children (especially rural minority children) experience poverty rates well over the national average, and the concentration of rural minority children is often extreme (over 80 percent of those living in high-poverty counties are minorities), this is a topic that requires immediate attention (Lichter and Johnson 2007). In relation to childhood development, rural poverty is more limiting than urban poverty because of the lack of aforementioned resources, geographical isolation, and the lack of public attention the issue receives.

## Literature Review

When people picture rural communities, they often picture farming communities or sparsely occupied small towns. While the United States Census Bureau defines rural as “places with fewer than 2,500 residents and open territory,” the Office of Management and Budget uses the term “non-metropolitan” which refers to counties “outside the boundaries of metro areas and having no cities with as many as 50,000 residents” (Nadel and Sagawa 2002). These two definitions shed light on the diversity of rural communities. They can be sparsely or densely populated, but what they have in common is that they are isolated from larger metro cities and have limited resources because of that isolation. In 2007, Lichter and Johnson explained the multisystemic disadvantages that are associated with rural poverty. They stated that rural poverty is more than an issue of low family income...rural poverty often ensures physical isolation, poor public transportation, inadequate schools, and limited access to medical and other basic public services. All of these factors are critical to successful childhood development, and the deficit of said variables can have immediate and long-lasting effects on children as they grow.

A current and important topic in our country is health care reform. In impoverished rural areas, however, the issue is not only the lack of health care coverage, but also a lack of access to adequate health care. In small rural communities around the nation, it is not uncommon to see one hospital or one doctor, who may not be as qualified as others in urban centers, yet is the only option for those in the surrounding area. Without the public transportation that many urban centers have, rural residents are extremely limited to the care they can receive. Moon, Farmer and Tilford (2005) reviewed a school-based health insurance program for previously uninsured children from two isolated rural communities in the Lower Mississippi Delta region and found that over 15% of children of working parents were uninsured. Moon et al. also found that besides the lack of health care insurance, the two main additional barriers to health care were accessibility and availability. In this report, access can be defined as a transportation barrier, and availability refers to the lack of a practicing health care provider in the community. It is estimated that while 25 percent of the nation’s population live in rural areas, only 10 percent of the nation’s physicians practice in these areas. In addition, as of June 2001, 68 percent of all federally designated Health Professional Shortage Areas were rural, affecting close to 25 million people. Furthermore, 60 percent of all rural

residents live in federally designated Mental Health Professional Shortage Areas (Nadel and Sagawa 2002). For the children in these areas, this lack of health care availability and access can be detrimental to both their physical and mental well being for years to come.

The lack of physical and mental health care services has severe implications for rural children today. A high percentage of children in rural areas are overweight or unhealthy due to less nutritious and high fat diets. Rural children's unhealthy diets are due to the scarcity and high prices of healthy food in rural areas, and inadequate health and nutrition education in schools. Poor nutrition and obesity are important risk factors for many health problems such as high blood pressure, diabetes, and high cholesterol. These conditions have not only physical effects on children, but child obesity can also pose mental health concerns, especially in adolescents (Nadel and Sagawa 2002). A child that is overweight is at risk for teasing, bullying, and low self-esteem. While having mental health services may act as a buffer for a child in these circumstances, studies such as the ones conducted by Nadel and Sagawa, show that rural children are likely to live in an area where mental health professionals are extremely scarce and potentially inadequate.

Poverty not only impacts a child's financial capabilities, but can also endanger children's mental health through exposure to a range of adversities (Costello, Keeler and Angold 2001). Possible risk factors include, but are not limited to, homelessness, lack of health insurance, poor housing, poor education and programming opportunities (such as after school programming) financial stress, racism, and other forms of discrimination that comes from isolation such as the lack of attention from stakeholders. In poor rural areas, it is not uncommon to find many parents having to work more than one job. Therefore, there can be a deficit in parental supervision and nurturing, which leads to emotional distress for children (Costello et al. 2001). In order to cope with these stressors, rural children are more likely to use drugs and alcohol than their urban counterparts (Nadel and Sagawa 2002). A study by the National Center on Addiction and Substance Abuse (NCASA) found that smoking, drinking and drug use among young teens is significantly higher in rural than in urban areas. The NCASA reported that rural 8<sup>th</sup> graders were 104 percent more likely to use amphetamines, 50 percent more likely to use cocaine, and 34 percent more likely to smoke marijuana than urban 8<sup>th</sup> graders. In addition, 10<sup>th</sup> -12<sup>th</sup> graders in rural America are also more likely than their urban peers to use drugs and

alcohol (Nadel and Sagawa 2002). This increased drug and alcohol usage has serious implications not only for the physical health of rural children, but also on their mental health. Moreover, substance abuse can continue the cycle of mental distress caused by rural poverty.

Children who are exposed to many stressors at a young age may be at risk for continued distress later in their life. Power et al. (1991) found evidence that accumulated risk factors beginning in childhood was related to physical health and psychological well being at age 23 and showed compromised health conditions among 33 year olds as well (Evans 2003). This means that when children are exposed to multiple risk factors at a young age and over an extended period of time, it can negatively affect them throughout their lifetime. These risk factors can attribute to a higher allostatic level causing immediate and long lasting detrimental affects to children experiencing hardships because of their living conditions in rural communities. Allostatic levels refers to a arbitrary level at which one can no longer function “normally” in a situation of stress and adversity (Evans 2003). This translates not only to current distress caused from rural poverty, but also to a lifetime of disequilibrium brought on by this discrimination.

Allostasis theory provides a framework for understanding how stressful situations during childhood can cause wear and tear on one’s body and over one’s life cause small, subtle changes in organismic functioning. These changes can accumulate over time into serious physical and psychological consequences and even morbidity later in life (Evans 2003). This study shows that the everyday stressors that rural children face cannot only cause physical sickness later in life, but also puts them at risk for experiencing mental hardships and developing psychiatric disorders. Interestingly in 2001, Costello et al. found that 19.4% of black rural children and 20.8% of white rural children were diagnosed with some type of psychiatric disorder at the time of the study. In addition to the stressors of poverty having negative effects on children; these problems are exacerbated by the lack of health care needed to remedy the problems. Health is one of the most important factors in determining the success of children in adulthood. Without access to adequate physical and mental health care, good nutrition and regular health checkups, children may be emotionally and physically handicapped going into adulthood.

Many rural children also lack proximity to essential educational resources needed for healthy growth and development. While there are many new schools and programs that cater to the underprivileged children

of America, such as Teach for America and the New York Teaching Fellows, these programs are mainly targeted to inner city youth, again ignoring the children in rural areas whose access to a good education is essential to altering the cycle of poverty and injustice. In an attack against No Child Left Behind and the current education system, Randi Weingarten states that a high quality public education is one of the only weapons to fight poverty and that our children must be on the battlefield (2010). While it is unfair to assume that all schooling in rural areas is less than adequate, the lack of attention and support these areas receive from nationally recognized organizations should be taken into consideration. If a child is in a rural county or district with a poor education system, they are unable to choose another school because of distance. With no public transportation system, the opportunities for a good education are limited to what is in the vicinity of their residence.

A major factor that impedes adequate education is the readiness of children as they enter school. Many inadequacies stem from the overall home life of the child going into school and the support they receive at home. With parents working longer hours, they are not only outside the home for a longer time, but when they do come home they are often tired, irritated and do not want to cultivate a learning environment (Perroncel 2000). If a child does not go to school “ready” to learn, then this starts the cycle of unequal educational attainment. In rural schools, factors that affect a school’s readiness include school size, funding, staffing, distances between home and schools, educational attainment among adults, and parents’ and community members’ experiences with and attitudes towards education. Most rural schools face higher costs with lower revenues, and spend an average of 10 percent less per student than metropolitan communities. Teachers in rural communities often have less training, receive lower pay, and are overall less educated than teachers in non-rural communities (Perroncel 2000). A good education is one of the most important assets in overcoming the damaging impact of poverty, yet rural students continue to fall behind their urban and suburban counterparts in high school, and fewer rural adults older than 25 hold a college degree than do urban adults (16 vs. 28 percent) (Nadel and Sagawa 2002).

If rural impoverished children do not receive a good education, then their hopes for escaping poverty are less than probable. Rural schools continue to be closed due to dilapidated buildings and decreased funding, creating larger pupil-to-teacher ratios and longer commutes for many

students (Perroncel 2000). The debate in consolidating schools may boast well for the cost of schools in rural communities, but the less individualized attention a student receives, the worse they will do in school, particularly on standardized testing that determines the possibility of education after high school. When students do not experience quality individualized attention in the classroom, they are more likely to doubt their abilities and feel that no one cares about their performance (Hunt and Hopko 2009).

If students do not feel invested in their schoolwork, or does not feel that school benefits them, school can begin to feel like a burden and kids will stop going. In 2007, Henry found that truancy was associated with poorer academic performance and social difficulties (Hunt and Hopko 2009). Higher student-to-teacher ratios could lead to both poor academic performance and social difficulty. Also, truancy among rural youth was associated with decreased parent education, higher-grade level among students, and a less structured home environment. Truancy rates were buffered by more educated parents, and parents who were more involved in a student's education and activities. While the involvement of a parent showed decreased truancy among students, in many poor rural areas where parents are forced to work long hours and more than one job, it is often impossible for a parent to spend much time with their children. Also, while higher education may translate to more educational encouragement, only a small percentage of parents living in rural communities are educated beyond high school due to various effects of poverty and/or educational isolation (Hunt and Hopko 2009).

Another buffer for student truancy was participation in school sports or other after school activities, yet rural communities provide far fewer opportunities for students to become involved in extracurricular activities (Hunt and Hopko 2009). Isolated areas rarely have community centers or other safe places where young people can go and spend time with people who can provide them with support. Rural schools are also less likely to offer extended day and after school programs (Nadel and Sagawa 2002). There are various other programming opportunities that children miss out on because their rural communities may not have the knowledge, funding, or availability to sustain programs that children in urban communities may have access to. But without programs that promote pathways of academic and social functioning, rural youth, especially African American rural

youth, may be more likely to use drugs and less likely to experience academic success (Estell et al. 2007).

Although after school programming is essential to the academic success of children, because many students have to travel long distances to and from school, it may not be feasible for a student to stay after the provided transportation departs. Even if they did have transportation, programs such as after school tutoring, recreational centers, and prevention programs for juvenile justice, seem to be non-existent in small rural communities. Rural areas may have poorly educated staff and a lack of educated professionals in their schools and other youth-centered programs. Therefore, students have less to do outside of the classroom due to the lack of after school activities and enrichment programs that could be run by those individuals.

The lack of positive outlets for recreation and educational attainment may lead to the increased substance abuse of rural youth as stated above. This, in addition to poor academics, leaves a deficit that needs to be addressed in order to cultivate a well-rounded and successful adult. Illustrating the need for after school programming in rural areas, Nadel and Sagawa state:

And kids need stuff to do because all they do is sit around and watch TV all day. People say that because we don't have anything to do, we find problems. But really it's all because we don't have anywhere to go after school. -Rosara Sandival, age 16, Farmersville, California

It's hard for kids like me who live in the mountains. There's not really much for kids here to do. The nearest movie theatre or bowling alley is in Hazard [County], which is almost 30 miles away. We don't even have stores around here. After school, there's not much happening for kids, and that is why some kids get into trouble. -Hopes Grisby, age 16, Lotts Creek, Kentucky

The lack of social opportunities available to youth living in rural areas can also lead to antisocial behavior and aggression. In 2002, Cadwallader et al. found that because the transition to adolescence is both a period of developmental vulnerability and opportunity, prevention programs aimed at helping rural youth "stay on track" are imperative in both academic and social settings. Without these programs, youth



(especially African American youth) are more likely to become physically aggressive, yet because of extreme poverty and scarcity of resources in rural areas, programs to address these behaviors are lacking (Cadwallader et al. 2002).

Rural poverty among families is not merely an issue of having a low income. Rural poverty has current and lasting implications for families and especially for the children living in them. Children living in rural communities are less likely to have health care, less likely to have access to adequate health and mental health care, more likely to have psychiatric disorders, less likely to have access to adequate education and programming opportunities and therefore are faced with greater challenges to escape the cycle of poverty. According to the U.S. Census bureau, from 1990 to 2000, 4 percent of the U.S. population lived in persistently poor counties, and 1.97 percent of the U.S. metro population compared to 13.6 percent of the non-metro (or rural) population lived in persistently poor counties (Lichter and Johnson 2007). Explicitly, these numbers reveal that 422 of 494 (or 85 percent) of counties with poverty rates over 20 percent are non-metro counties. Rural poverty clearly exists at a much higher level than urban poverty but it is hidden from the American eye because of isolation and lack of attention from both federal and state government programs and dollars (Nadel and Sagawa 2002). The privileged and people in power who have the means to make changes, continue to gloss over one of the most dramatic forms of discrimination in our country today. There are many changes that need to happen at both the micro and macro level to make current and long lasting strides for rural Americans and their children.

Social workers, educators, policy makers and government officials must ask themselves why rural areas do not receive the attention that is desperately needed. There has been much attention on the disadvantaged residents of poor inner cities, and it has also been stressed that the majority of these residents are of minority status. But, some of America's most impoverished minorities live in geographically isolated rural areas (Lichter and Johnson, 2007). Indeed, the rural poor population in America is overwhelmingly made up of people of color (Lichter and Johnson 2007):

America's rural pockets of poverty, with the exception of Appalachia tend to be disproportionately comprised of minorities: Blacks in the rural South, Native Americans Indians living on reservations in the

Dakotas or Southwest, and Hispanics along the Rio Grande Valley and in the border states.

Not only are these groups of people disadvantaged because of their low incomes and isolated living conditions, but are also discriminated against on the basis of being a person of color. These elements combined highlight the fact that rural poor children are more disadvantaged than ever, and patterns show that they will often grow up to be poor adults (Lichter and Johnson 2007). Child poverty in rural areas is likely to be highly concentrated and persistent over the next several decades. These children are at an extreme disadvantage because without opportunities and community resources that promote positive development, they will be unable to break the cycle of rural poverty.

### **Content/Recommendations**

The deck is stacked against poor rural children. A good education is critical to escaping poverty, but the education in rural areas is often inadequate and substandard. Children need safe places to go outside of school that foster education, culture, and social opportunities, but in rural America, child and youth development opportunities are limited. Rural children often develop more mental disorders because of chronic stress and suffer from poor nutrition, yet have a lack of access to adequate health care and coverage. Lastly, breaking the cycle of poverty and achieving self-sufficiency are difficult in rural America because job wages are low and many areas lack a strong economic or educational base.

The current research on child poverty has many implications for social work today. In order to bring resources to these communities and change the cycle of poverty, there must be a multi-dimensional approach to aid the rural population of America. A call to action would include providing more public transportation and increasing the availability of adequate health care providers. Health care policies that provide targeted outreach programs addressing these two variables will better enable our society's most disadvantaged children to receive the same health care as other children (Moon et al. 2005). One way to do this would be to build human capital within rural communities. We must start recruiting and maintaining the individuals in the community that are educated in medicine and are health assets for our children. Another way to build human capital is to educate the residents by bringing in and educating

more teachers and community social services personnel. While it is obvious that higher education is a necessary step for rural children, a major potential problem with children leaving to become educated is the probability they may not return to their communities. This therefore causes the phenomenon called a “brain drain”, when the majority of educated and essential community members leave said community. We must train, recruit, and provide incentives for people with the skills needed to serve children to the rural areas of the United States to stay in those communities.

In addition to health care and education, we must provide more extracurricular and programming opportunities for children, to not only keep them from engaging in maladaptive behaviors but also to enrich their social and academic skills and opportunities later in life. In order to become successful in schooling, whether formal or informal in addition to adulthood, children must be exposed to different social situations and thrive under challenging situations. Possible ideas are prevention programs and support programs for children in school. This would also include helping families and rural communities to become more self-sufficient therefore breaking the cycles of poverty. We must create and maintain jobs with higher wages and provide support and training for those in isolated areas.

## **Conclusion**

Children in rural communities deserve the same amount of attention and resources that children in urban communities do. Children of color are often the youth of these poor rural communities that are not receiving the education, health care and programming that they deserve. For social workers, it is important to explore the effects that poverty can have on children, but also to uncover the disheartening truth that rural communities are often hidden and overlooked, though the children who live there may often times be in a worse position than their counterparts in a urban impoverished community. Concentrated poverty among rural minorities remains exceptionally high, and without immediate and continued changes sustained over decades, rural poverty will worsen. Although the deck is stacked against poor rural children, we need to start dealing them a better hand.

## References

- Cadwallader, T., Farmer, T. W., Cairns, B. D., Leung, M.-C., Clemmer, J. T., Gut, D. M., & Reese, L.E. (2002). The social relations of rural African-American early adolescents and proximal impact of the school engagement project. *Journal of School Psychology, 40*, 239-258.
- Costello, E.J., Keeler, G.P., & Angold, A (2001). Poverty, race/ethnicity and psychiatric disorder: a study of rural children. *American Journal of Public Health, 91*, 1494-1498.
- Estell, D. B., Farmer, T. W., Irvin, M. J., Thompson, J. H., Hutchins, B. C., & McDonough, E. M. (2007). Patterns of middle school adjustment and ninth grade adaptation of rural African-American youth: Grades and substance use. *Journal of Youth and Adolescence, 36*, 477-487.
- Evans, G.W. (2003). A multidimensional analysis of cumulative risk and allostatic load among rural children. *Developmental Psychology, 39*, 924-933
- Hunt, M.K & Hopko, D.R (2009). Predicting high school truancy among students in the Appalachian south. *Journal of Primary Prevention, 30*, 549-567.
- Lichter, D.T. & Johnson, K.M (2007). The changing spatial concentration of America's rural poor population. *Rural Sociology, 72*, 331-358.
- Moon, Z.K., Farmer, F.L., & Tilford, J.M. (2005). Attenuation of racial differences in health service utilization patterns for previously uninsured children in the delta. *The Journal of Rural Health, 21*, 288-294.
- Nadel, W. & Sagawa, S. (2002) *America's Forgotten Children: Child Poverty in Rural America*. Westport, CT: Save the Children.
- Perroncel, C.B. (2000). *Getting Kids Ready for School in Rural America*. Retrieved November 19, 2009 from <http://www.eric.ed.gov/PDFS/ED445849.pdf>
- Weingarten, Randi. "Good Objectives Weighed Down by Fatal Flaws." *U.S. News & World Report* 1 Jan. 2010: 36. *Academic OneFile*. Web. 22 June 2010.

## About the Author

Rebecca Schreuder grew up in Grand Rapids, Michigan and graduated from the University of Michigan with a Bachelor in Spanish and Sociology.

She then taught High School Spanish in rural North Carolina at KIPP: Gaston College preparatory. She is now concentrating in Management of Human Services at the University of Michigan School of Social Work and will be graduating in December 2010.